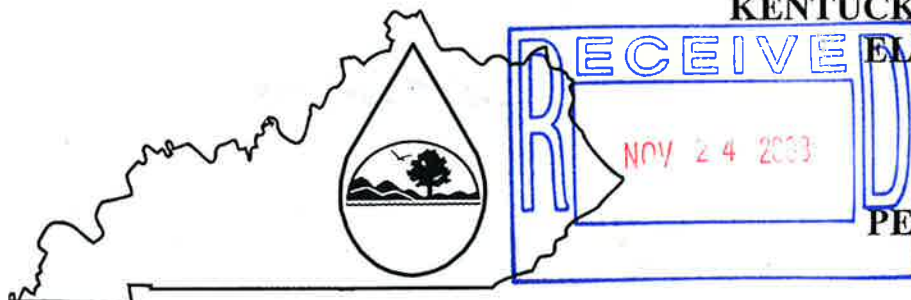


KPDES FORM 1

AL# 2962

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

EP 300-

| | | | |
|---|--|--|---------|
| I. FACILITY LOCATION AND CONTACT INFORMATION | | AGENCY USE | 0087823 |
| A. Name of business, municipality, company, etc. requesting permit Southern Komfort Resort | | | |
| B. Facility Name and Location | | C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different. | |
| Facility Location Name: Southern Komfort Resort | | Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Larry Hellkamp | |
| Facility Location Address (i.e. street, road, etc., not PO Box): 460 Southern Komfort Road | | Mailing Address: 460 Southern Komfort Road | |
| Facility Location City, State, Zip Code: Benton, KY 42025 | | Mailing City, State, Zip Code: Benton KY 42025 | |
| | | Facility Contact Telephone Number: (270) 354-6422 | |

| | | | |
|--|--|--|--|
| II. FACILITY DESCRIPTION | | | |
| A. Provide a brief description of activities, products, etc: The resort features a campground, mobile home court, rental cabins, and a marina + RESTAURANT. | | | |
| B. Standard Industrial Classification (SIC) Code and Description | | | |
| Principal SIC Code & Description: | | | |
| Other SIC Codes: | | | |

| | | | |
|---|--|---|--|
| III. FACILITY LOCATION | | | |
| A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions) | | | |
| B. County where facility is located: Marshall | | City where facility is located (if applicable): | |
| C. Body of water receiving discharge: Kentucky Lake (Tenn. River - mile marker 33.14) | | | |
| D. Facility Site Latitude (degrees, minutes, seconds): N 36° 52.928 | | Facility Site Longitude (degrees, minutes, seconds): W 88° 11.764 | |
| E. Method used to obtain latitude & longitude (see instructions): GPS | | | |
| F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A | | | |

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Telephone Number:

Kenny Duncan

(270) 873-7388

Operator Mailing Address (Street):

1709 Plainview Dr

Operator Mailing Address (City, State, Zip Code):

Murray KY 42071

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Certification Number:

Class I # 16574

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY 0087823

Issue Date of Current Permit:

1 SEPT. 2005

Expiration Date of Current Permit:

FEB. 28, 2009

Number of Times Permit Reissued:

5 since 1988

Date of Original Permit Issuance:

UNKNOWN - ESTIMATED 1967-68

Sludge Disposal Permit Number:

WE USE "LANES" COMMERCIAL DISPOSAL

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

| CATEGORY | EXISTING PERMIT WITH NO. | PERMIT NEEDED WITH PLANNED APPLICATION DATE |
|--|---|---|
| Air Emission Source | | USED IN |
| Solid or Special Waste <i>used tires</i> | <i>reusable solid waste permit # 079-0044</i> | <i>building a floating fire breakwater</i> |
| Hazardous Waste - Registration or Permit | | |

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

| | |
|---|--|
| A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water): | LAWRENCE E. HELLKAMP, PRESIDENT BCK. INC. P/O/A SOUTHERN COMFORT VILLAGE & MARINA. |
| DMR Official Telephone Number: | 270/354-6422 |

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

| | |
|------------------------------------|---|
| DMR Mailing Name: | McCoy, McCoy LAB. INC. + SOUTHERN COMFORT. |
| DMR Mailing Address: | McCoy - PO Box 907 EAST NEELE AVE MADISON VILLE, KY. 42431 |
| DMR Mailing City, State, Zip Code: | 502-821-7375 |

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

| | |
|---|--|
| Facility Fee Category: <i>Intermediate Non</i> | Filing Fee Enclosed: <i>\$ 300.00</i> |
|---|--|

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|--|---|
| NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>Larry Hellkamp President</i> | TELEPHONE NUMBER (area code and number): <i>(270) 354-6422</i> |
| SIGNATURE <i>Larry Hellkamp, President</i> | DATE: <i>11/17/2008</i> |

KPDES FORM 1 -- INSTRUCTIONS

Listed below are explanations of select Form 1 questions. If further information is needed concerning any question, please contact Division of Water, KPDES Branch at (502) 564-3410.

I. Facility Location and Contact Information

- A. Use the official or legal name of the business, company, municipality, etc. requesting permit.
- B. The facility name should be the name by which the facility is commonly known and/or uniquely identified. The information given as the facility name and location address should be the actual location of the facility (i.e. road name, highway number, not the P O Box address).
- C. The primary mailing address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated. The owner mailing address is to be provided on a separate sheet if different from the primary mailing address.

II. Facility Description

- A. Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.
- B. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1987 Edition of the Standard Industrial Classification (SIC) Manual. List the SIC codes(s) that best describe the products or services provided by the facility in descending order of importance. If an SIC code book is not available, please describe in detail the nature of the business and activities conducted so that an appropriate code can be assigned.

III. Facility Location

- A. Attach a U.S. Geological Survey (USGS), 7 1/2 minute topographic quadrangle map(s) extending at least one mile beyond the property boundary of the discharge source. Depict or mark the facility and each of its intake and discharge structures. Also mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone: (859) 257-3896.
- B. List the county and, if applicable, city where facility is located.
- C. List the body of water receiving discharge.
- D. List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.
- E. List the method used to obtain the latitude and longitude (i.e. topo map coordinates, GPS reading, etc.)
- F. List the facility's Dun and Bradstreet Number if applicable.

IV. Owner/Operator Information

- A. Place a check in the applicable type ownership as listed.
- B. These sections must be completed by **all municipal and sanitary wastewater applicants** and other facilities as applicable.
 - List the name and address of the person who operates the sewage treatment plant.
 - Indicate if the operator is also the owner.
 - The operator must be currently certified with the Division of Water. For information concerning those requirements, contact: Division of Water, Certification Section, at (502) 564-3410.
 - List the Operator's Certification Class and Certification Number.

V. List any existing environmental permits which the facility has or will be applying for.

VI. List the address where Discharge Monitoring Report (DMR) forms are to be mailed.

VII. Application Filing Fee

The payment of a filing fee as listed below must accompany the application for a KPDES Permit. (Your check must be made payable to "Kentucky State Treasurer." For permit renewals, to ensure your account is properly credited, please include the KPDES permit number on the check.) This fee will be applied toward the final discharge permit fee. The filing fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories, associated base fees, and application filing fees. (See the "General Instructions" for definitions of facility categories.)

| Facility Category | Base Fee | Application Filing Fee |
|--------------------------|----------|------------------------|
| Major Industry | \$3,200 | \$640 |
| Minor Industry | \$2,100 | \$420 |
| Non-Process Industry | \$1,000 | \$200 |
| Large Non-POTW | \$1,700 | \$340 |
| Intermediate Non-POTW | \$1,500 | \$300 |
| Small Non-POTW | \$1,000 | \$200 |
| Agriculture | \$1,200 | \$240 |
| Surface Mining Operation | \$1,200 | \$240 |
| 501(c)(3) | \$100 | \$20 |

If this application is for a new project, see the General Instructions for the applicable Construction Permit fee.

A permit application cannot be processed unless the application filing fee and (if applicable) construction permit fee is enclosed.

Make your check payable to "Kentucky State Treasurer."

VIII. Certification

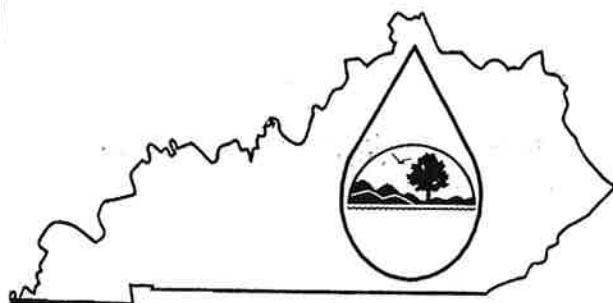
The permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president.

Partnership or sole proprietorship: by a general partner or the proprietor respectively.

Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

| | | | | | | | |
|--|--|--|--|-------------------------------------|--|--|--|
| NAME OF FACILITY: <u>Southern Comfort Resort</u> | | | | | | | |
| I. FACILITY DISCHARGE FREQUENCY | | | | AGENCY USE | | | |
| | | | | | | | |
| A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> <u>yes - Plant #3 (mobile home park)</u> (Complete Item IX for intermittent discharges.) <u>No - Campground + cabins plants 1+2</u> | | | | | | | |
| B. How many days per week? | | | | <u>7</u> | | | |
| II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <u>Plant 1 - 2,500 G.P.D</u> <u>Plant 2 - 3,500 G.P.D</u> <u>Plant 3 - 7500 G.P.D</u> | | | | | | | |
| B. If new discharger, indicate anticipated discharge date: | | | | | | | |
| C. Indicate the design capacity of the treatment system: | | | | <u>13,500 GPD</u> MOD | | | |

III. Outfall Location (see instructions)

| Outfall (list) | LATITUDE | | | LONGITUDE | | | RECEIVING WATER (name) |
|-------------------|----------|---------|---------|-----------|---------|---------|--|
| | Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | |
| Plant 1 | N 36° | 52 | 928 | W 88° | 11 | 764 | KY Lake Mile point 33.35 Ten River KY Lake Mile Point 33.40 Ten River KY Lake mile point 33.3 Ten River via ditch for 0.25 miles |
| Plant 2 | N 36° | 52 | 928 | W 88° | 11 | 764 | |
| Plant 3 | N 36° | 52 | 928 | W 88° | 11 | 764 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Method used to obtain latitude/longitude
(i.e. GPS unit, USGS topographic map coordinates, etc.)

Method for Lat + Long
G.P.S

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

| OUTFALL NO. (list) | OPERATION(S) CONTRIBUTING FLOW | | TREATMENT | |
|-----------------------|---------------------------------|------------------------------------|---------------------------|-------------------------------|
| | Operation (list) | Avg/Design Flow (include units) | List treatment components | List Codes from Table SC-1 |
| # 1 | Campground Bath house | 2,500 G.P.D | Aerobic Digester | 2-F |
| | | | | |
| | | | | |
| # 2 | Seasonal cabins mobile homes | 3,500 G.P.D | Aerobic Digester | 2-F |
| # 3 | Mobile homes | 7,500 G.P.D | Aerobic Digester | 2-F |
| | | | | |
| | | | | |
| | | | | |

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☒ Publicly-owned lake or impoundment Name of lake: Kentucky Lake (Tennessee River)
☐ Publicly-owned treatment works (POTW) Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

| | | |
|--------------------------|-----------|----|
| <input type="checkbox"/> | Antimony | |
| <input type="checkbox"/> | Arsenic | |
| <input type="checkbox"/> | Beryllium | NA |
| <input type="checkbox"/> | Cadmium | |
| <input type="checkbox"/> | Chromium | |

| | | |
|--------------------------|----------|----|
| <input type="checkbox"/> | Copper | |
| <input type="checkbox"/> | Lead | |
| <input type="checkbox"/> | Mercury | NA |
| <input type="checkbox"/> | Nickel | |
| <input type="checkbox"/> | Selenium | |

| | | |
|--------------------------|----------|----|
| <input type="checkbox"/> | Silver | |
| <input type="checkbox"/> | Thallium | |
| <input type="checkbox"/> | Zinc | NA |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

NOTE on VI above: all Campground Waste water from Campers is collected in Pumps & Trucks & Transported to The Marshall County Sewer District # I, (avg. - 520 g.p.d.)

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points: *NA* (If bypass points are indicated, information below must be completed for each bypass.)

| | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| Check when bypass occurs: | <input type="checkbox"/> Wet Weather | <input type="checkbox"/> Dry Weather |
| Give the number of bypass incidents | per year | per year |
| Give average duration of bypass | <i>NA</i> hours | hours |
| Give average volume per incident | 1,000 gallons | 1,000 gallons |
| Give reason why bypass occurs: | | |

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

| | | |
|--|--------------------------------------|--------------------------------------|
| Check when overflow occurs: | <input type="checkbox"/> Wet Weather | <input type="checkbox"/> Dry Weather |
| Give the number of overflow incidents: | per year | per year |
| Give average duration of overflow: | <i>NA</i> hours | hours |
| Give average volume per incident: | 1,000 gallons | 1,000 gallons |

| | |
|--|---------------------------|
| C. Number of seasonal discharge points | |
| Give the number of times discharge occurs per year | |
| Give the average volume per discharge occurrence | (1,000 gallons) <i>NA</i> |
| Give the average duration of each discharge | (days) |
| List month(s) when the discharge occurs | |

X. AREA SERVED (see instructions)

| NAME | ACTUAL POPULATION SERVED |
|--|---|
| #1 1 Bath house (<i>BATH HOUSE CLOSING 1 OCT.</i>) | |
| #2 26 mobile homes & cabins | 70% occupancy Seasonal @ max until OCT. |
| #3 26 mobile homes | 70% occupancy Seasonal @ max until OCT. |
| TOTAL POPULATION SERVED | |

NOTE ①: SEASON USUALLY RUNS - APRIL - OCT.

NOTE ② ALL CAMPER'S WASTE REMOVED FROM CAMPERS BY VACUUM TRUCK AND HAULED TO MARSHALL COUNTY SEWER DISTRICT # I.

NOTE ③ ALL MARINA WASTE FROM BOATS & RESTAURANT IS PUMPED FROM CENTRAL HOLDING TANK & HAULED TO MARSHALL COUNTY SEWER DISTRICT # I.
(SEE ATTACHED AGREEMENT)

NOTE ④ THE VOLUME OF WASTE WATER TREATED AT SOUTHEAST COMFORT HAS BEEN DECREASED BY AN AVERAGE OF 3,600 GALS./WEEK SINCE THE INCEPTION OF THE PUMPER TRUCK SYSTEM.

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

| Additive | Composition | Concentration (mg/l) |
|----------|-------------|----------------------|
| NA | NA | NA |
| | | |

XII. EFFLUENT CHARACTERISTICS

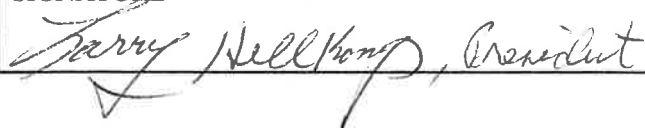
A. Indicate results of analysis for pollutants listed below.

| POLLUTANT/PARAMETER | MAX DAILY VALUE | AVG DAILY VALUE | NUMBER OF SAMPLES |
|-------------------------|-----------------|-----------------|-------------------|
| BOD ₅ | | | |
| TOTAL SUSPENDED SOLIDS | | | |
| FECAL COLIFORM | | | |
| TOTAL RESIDUAL CHLORINE | | | |
| OIL AND GREASE | | | |
| CHEMICAL OXYGEN DEMAND | | | |
| TOTAL ORGANIC CARBON | | | |
| AMMONIA | | | |
| DISCHARGE FLOW | | | |
| pH | | | |
| TEMPERATURE (WINTER) | | | |
| TEMPERATURE (SUMMER) | | | |

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|---|--|
| NAME AND OFFICIAL TITLE (type or print): Larry Hellkamp President | TELEPHONE NUMBER (area code and number): (270) 354-6422 |
| SIGNATURE  | DATE 11/17/2008 |

SOUTHERN KOMFORT VILLAGE AND MARINA
460 SOUTHERN KOMFORT RD.
BENTON, KENTUCKY 42025
270/354-6422
FAX: 354-6452

11 Nov. 2008

DMR Permit review person:

The Permit which will expire Feb. 28, 2009 (KY 0087823) included a permit for increasing the size of unit # 2, and closing # 3.

During the process of upgrading according to the planned project it became absolutely out of the question financially. The original estimates of cost (\$90,000.00) by Florence and Hutchinson the engineering firm of Paducah turned out to be very conservative. The low bid after we purchased the unit itself, and not including moving it from Mayfield, Ky. To our site, was \$222,000.00.

An alternative program was implemented to handle the growth of the Campground and the Marina. This plan included the purchase of two pumper trucks and securing an agreement with a local sewer district where we would pay to deposit the waste from our campers, houseboats, and restaurant.

Beginning in March of 2008, Southern Komfort secured the first of two trucks, and an agreement with the Marshall County Sewer District #1 in Aurora Kentucky. This unit is underused for many reasons but primarily because of the downturn in the utilization of the Tourist facilities which for the most part are now for sale or closed.

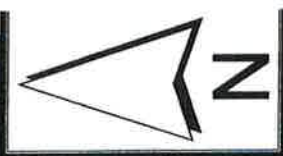
In addition we are in the process of acquiring a back up agreement with the Sewer District in Calvert City, Kentucky. This will provide the same redundancy we have with the vehicles and honey wagon. If something breaks, we have options. Note: we now have two trucks and a honey wagon trailer.

After a two year program of weaning campers from using any disinfectant material containing Formaldehyde our sewage in our own plants, as well as the sewage we transport to Aurora is also free of Formaldehyde and fortified

with active bacteria and enzymes which are contained in the new (non toxic) disinfectant. No other material is permitted in the Southern Komfort Campground.



Lawrence E. Hellkamp, President



Marshall County Sanitation District #1

P. O. Box 221

Hardin, KY 42048

(270)474-8325

E-Mail: lalanders@mchsi.com

November 18, 2008

**Southern Komfort Village
460 Southern Komfort Road
Benton, KY 42025**

RE: Waste water Dumping

Dear Sir:

As of the above date, the Board of Directors has approved your request to haul and dump your waste water from the Southern Komfort Campground into our waste water sanitation system to be processed by our facility.

If we can be of further assistance, please call us at the above phone number.

Sincerely,



Leslie Landers,

Board Member

Waste Water Operator, Class II

LL/bkl